

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN3101	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - STATE BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED  10/08/2012
NAME OF PROVIDER OR SUPPLIER  BRIDGE AT MONTEAGLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 26 SECOND STREET MONTEAGLE, TN 37356		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the condition of the physical environment.</p> <p>The findings included:</p> <p>On 10/8/12 at 12: 55 PM observation in the courtyard area directly behind the dining room revealed the fascia board and the soffit at the eaves of the roof were rotten.</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 10/8/12.</p>	N 831	<p>N831 1200-8-6-.08(1) Building Standards</p> <p>The facility will maintain the condition of the facility's physical environment.</p> <p><b>Residents Affected/Potentially Affected:</b> Though no specific resident(s) were mentioned, residents of the facility have the potential to be affected by the cited practice. Maintenance director is currently obtaining an outside contractor to repair/replace the soffits and fascia boards in the courtyard.</p> <p><b>Systemic Measures:</b> The maintenance director/assistant will visually inspect the condition of the fascia board and the soffit quarterly. The maintenance director/assistant will report any areas identified to the administrator that needs repaired.</p> <p><b>Monitoring Measures:</b> The administrator will address any repairs related to the fascia board and soffit. Repairs will be corrected and reported monthly to QA x 2 quarters.</p>	11/24/12	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6600

WZJG21

(X6) DATE

If continuation sheet 1 of 1